

# 35<sup>th</sup> UPHA CHAPTER 9 KENTUCKY FALL CLASSIC HORSE SHOW

October 6 - 9, 2021

Kentucky Horse Park, Lexington, Kentucky

Entries close September 22, 2021

One Horse per entry Blank  
 Make checks payable to:  
 Kentucky Fall Classic Horse Show  
 Entries may be paid by credit card below

Mail To: Kentucky Fall Classic Horse Show  
 65 Old Taylorsville Road  
 Shelbyville, KY 40065  
 Phone (502) 314-7960

Email: [horseshowentries18@gmail.com](mailto:horseshowentries18@gmail.com)

PLEASE PRINT OR TYPE (Fill out completely)

**Owner** \_\_\_\_\_ ASHA# \_\_\_\_\_ AHHS# \_\_\_\_\_ ARHPA# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

**Trainer** \_\_\_\_\_ ASHA# \_\_\_\_\_ AHHS# \_\_\_\_\_ ARHPA# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

**Rider/Driver/Handler** \_\_\_\_\_ ASHA# \_\_\_\_\_ AHHS# \_\_\_\_\_ ARHPA# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ email \_\_\_\_\_

**Make Checks payable to:** \_\_\_\_\_ **Social Security /Tax ID** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

<b>OFFICE USE</b>	<b>Horse/Pony Name</b>		<b>Registration #</b>		<b>USEF #</b>
<b>Color</b>	<b>Sex</b>		<b>Age</b>		<b>Height</b>
<b>Class #</b>					
<b>Entry Fee</b>	\$	\$	\$	\$	<b>Total Fees</b>

	<b>TOTAL ENTRY FEES</b>	\$
<b>#</b>	<b>STALLS @ \$175 EACH (week)</b>	\$
<b>#</b>	<b>OFFICE FEE PER HORSE</b>	\$ <b>25.00</b>
	<b>TOTAL REMITTANCE</b>	\$

I would like to donate my winnings to support the UPHA Chapter 9 Kentucky Fall Classic Horse Show

*Premium Checks not cashed within 90 days of issue will be voided and monies refunded to UPHA Chapter 9 Kentucky Fall Classic Horse Show*

**WAIVER OF LIABILITY AGREEMENT ON THE BACK MUST BE SIGNED.** Signed: YES NO

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

WE ALSO ACCEPT: VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ DISCOVER \_\_\_\_\_

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER NAME (please print) \_\_\_\_\_ CARD HOLDER SIGNATURE \_\_\_\_\_

ALL HORSES MUST HAVE NEGATIVE COGGINS TEST PERFORMED WITHIN 12 MONTHS OF SHOW, AND HEALTH PAPERS FOR ALL HORSES CURRENT WITHIN 30 DAYS

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT EQUINE ACTIVITY LIABILITY ACT  
WARNING: CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS.  
RIDE AT YOUR OWN RISK.**

Under the laws of most States, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

I hereby enter the competition at my own risk and subject to the rules, guidelines and regulations of the Show. I further agree that if any damage is occasioned or loss occurs to me, the horses exhibited, to any vehicle or other articles which I may send with said horses; I will make no claim therefore against the Kentucky Fall Classic Horse Show or any participating organizations.

Furthermore, in consideration of being allowed to participate at the Kentucky Fall Classic Horse Show, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Kentucky Fall Classic Horse Show, and Kentucky Horse Park it's officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

<p><b>Circle all that apply Rider/Driver/Handler/Owner/Agent/Trainer/Coach</b></p> <p>Print Name _____</p> <p>Signature _____</p>	<p><b>Circle all that apply Rider/Driver/Handler/Owner/Agent/Trainer/Coach</b></p> <p>Print Name _____</p> <p>Signature _____</p>
<p><b>Circle all that apply Rider/Driver/Handler/Owner/Agent/Trainer/Coach</b></p> <p>Print Name _____</p> <p>Signature _____</p>	<p><b>Circle all that apply Rider/Driver/Handler/Owner/Agent/Trainer/Coach</b></p> <p>Print Name _____</p> <p>Signature _____</p>

Emergency Contact Phone \_\_\_\_\_ Is Rider/Driver/Vaulter a U.S. Citizen? \_\_\_ Yes \_\_\_ No